TOWN OF GARNER - ENGINEERING DEPARTMENT **Permit Application for Work on Town Right-Of-Way**

Issue Date:	Expiration Date:
Contractor: Proposed Start Date: Proposed Work Duration:	Work Location:(Street Addresses)
Certificate #:	between:
Contact Name:	And:
Work Phone:	Work Type:
Mobile Phone: Fax Number: Work Description:	Street Closure Required: YesNo (If yes, attach proposed detour plan, including detour routes and detour signage)
danger of collapse, explosion, or underground da The Engineering Department shall be contact thru Friday prior to and at the conclusion of Town of Garner Ordinance No. (2007) 3470 pert regulations for working within the street will be s	cted at 773-4420 between 8:00am-4:00pm Monday
or Police Chief of the emergency event. The are necessary to immediately respond to th	I immediately notify the Town Manager and the Fire permittee may proceed to take whatever actions e emergency. Within two (2) business days after tee shall apply for the Permit to Work on Town
If encroachment onto private property is ne	hen the permittee is directed to contact and obtain
A COPY OF AN UP TO DATE PERMIT MUST B	
APPROVED (BY THE TOWN OF GARNER)	I HAVE READ AND UNDERSTAND THE ABOVE
Date	Applicant's Signature Date

900 Seventh Avenue Garner, NC 27529 www.garnernc.gov

Phone: 919-773-4425 Fax: 919-662-5135